FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1)96818	/ bar be
OMB AP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated averag hours per respo	e burden nse16.00
SEC USI	E ONLY
Prefix	Serial
DATE RE	CCEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Series B-1 Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	A PIVED WA
 Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) 	JAN 0 6 2005
MediaVast, Inc. (formerly known as InfoPost, Inc.)	
Address of Executive Offices (Number and Street, City, State, Zip Code) 49 West 27 th Street, 5 th Floor, New York, NY 10001	Telephone Number (Including/Afea/Gode) 212/909-2401
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A	Telephone Number (Including Area Code) n/a
Brief Description of Business Internet Services	
Type of Business Organization Corporation Iimited partnership, already formed other	(please specify): Specify (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	JAN 07 2005 Actual Estimated THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A	BASIC IDI	ENTI	FICATION DATA				
Each beneficial ownEach executive office	e issuer, if the issuer h	as been vote o orate i	or dispose, or direct the ssuers and of corporate	vote	or disposition of, 10%	or mo	ore of a class f partnership	of equity issuers; a	securities of the issuer;
Check Box(es) that Apply:			Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Nevader, Jason									
Business or Residence Addre									
c/o Mediavast, Inc., 49 Wes	t 27 th Street, 5 th Floo	r, Nev	v York, NY 10001						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Tang, Chi Hang									
Business or Residence Addre	•								
c/o Mediavast, Inc., 49 Wes	t 27 th Street, 5 th Floo	r, Nev	v York, NY 10001						
Check Box(es) that Apply:	□ Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Bohnett, David	· · · · · · · · · · · · · · · · · · ·		····						
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
c/o Baroda Ventures, 200 B	aroda Drive, Los An	geles,	CA 90077						
Check Box(es) that Apply:	□ Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				· – · · · · · · · · · · · · · · · · · ·				
Granitz, Steve									
Business or Residence Addre									
c/o Mediavast, Inc., 49 Wes	t 27th Street, 5th Floo	r, Nev	v York, NY 10001						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Isaak, Wayne									
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
c/o Mediavast, Inc., 49 Wes	t 27th Street, 5th Floo	r, Nev	v York, NY 10001						
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Donohue, Paul				_					
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
c/o Mediavast, Inc., 49 Wes	t 27th Street, 5th Floo	r, Nev	v York, NY 10001						
Check Box(es) that Apply:	Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Mazur, Kevin							<u> </u>		
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
c/o MediaVast, Inc., 49 Wes									
	(Use blank	sheet	, or copy and use add	itiona	ol copies of this sheet	, as ne	ecessary)		

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Check Box(es) that Apply:	Promoter		Beneficial Owner	×	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	f individual)								
Cohen, Lester									
Business or Residence Address			= :						
c/o MediaVast, Inc., 49 Wes	t 27 th Street, 5 th Floo	r, Ne	w York, NY 10001						
Check Box(es) that Apply:	Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)								
Caulfield, Michael									
Business or Residence Address	ss (Number and Stree	t, City	, State, Zip Code)						
c/o MediaVast, Inc., 49 Wes	·		- '						
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							*****	
Time Warner MediaVast H	•								
Business or Residence Address		t. City	, State, Zip Code)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
One Time Warner Center, I	•			tor. T	ime Warner Oppoi	rtunit	v Investmen	t Fund	
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer	$\overline{\Box}$	Director		General and/or
——————————————————————————————————————	Tromoter		Beneficial Owner		Executive Officer		Birector		Managing Partner
Full Name (Last name first, if	individual)								
Baroda Ventures, LLC									
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)				***************************************		. 1 (21)
2049 Century Park East, Su	ite 215, Loas Angele	s, CA	90067-3123 Attn:	David	d Bohnett				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)								
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or
Full Name (Last name first, if	Findividual)								Managing Partner
1 un ivaine (Last name mst, m	muridan)								
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	f individual)								
Business or Residence Addre	ss (Number and Stree	t, City	, State, Zip Code)						
	(Use blank	sheet	, or copy and use add	litiona	al copies of this sheet	, as ne	cessary)		

				В.	INFOR	MATION A	ABOUT OF	FERING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No ⊠		
2. What is the minimum investment that will be accepted from any individual?									\$	n/a		
3. Does t	he offering pe	ermit joint ov	vnership of a	single unit?	***************************************					,,	Yes	No ⊠
remun person	the informatio eration for sol or agent of a ve (5) persons only.	icitation of p broker or dea	urchasers in c der registered	connection w I with the SE	ith sales of se C and/or with	curities in the	e offering. I	f a person to b name of the b	e listed is an roker or deal	associated er. If more		
	Last name fir	st, if individu	ıal)							_		
N/A	Residence Ac	dd-sac Olympia		City State	7:- C- 4-\					_		
Dusiness or	Residence Ac	iaress (Numi	er and Street	i, City, State	, Zip Code)				•			
Name of As	sociated Brok	er or Dealer					. =			_		
States in Wi	hich Person L	isted Has Sol	icited or Inte	nds to Solici	t Purchasers							
(Check ".	All States" or	check indivi	duals States)	•••••			••••••				☐ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Fuil Name (Last name fir	st, if individu	ıal)							_		
Business or	Residence Ac	idress (Numb	ber and Street	t, City, State	, Zip Code)					_		
	Residence Ad		per and Street	t, City, State	, Zip Code)							
Name of As		cer or Dealer		-								
Name of As	sociated Brok	ter or Dealer	licited or Inte	ends to Solic	it Purchasers							II States
Name of As	ssociated Brok	ter or Dealer	licited or Inte	ends to Solic	it Purchasers	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	II States
Name of As States in W (Check "	sociated Brok hich Person L All States" or	ser or Dealer isted Has Sol check indivi	licited or Inte	ends to Solic	it Purchasers						_	
Name of As States in W (Check " [AL]	ssociated Brok hich Person L All States" or [AK]	isted Has Sol check indivi	licited or Inte duals States) [AR]	ends to Solic	it Purchasers	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
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Name of As States in W (Check " [AL] [IL] [MT] [RI] Full Name (Business or	hich Person L All States" or [AK] [IN] [NE] [SC] (Last name fir	isted Has Sol check indivi [AZ] [IA] [NV] [SD] st, if individu	licited or Inte duals States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
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Name of As States in W (Check " [AL] [IL] [MT] [RI] Full Name (Business or Name of As States in W (Check " [AL]	isociated Brokehich Person L All States" or [AK] [IN] [NE] [SC] (Last name fine Residence Action and Brokehich Person L All States" or [AK]	isted Has Sol check indivi [AZ] [IA] [NV] [SD] st, if individu ddress (Numl ker or Dealer isted Has Sol check indivi	licited or Inte	[CA] [KY] [NJ] [TX] t, City, State	[CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	-	\$0.00
	EquitySeries B-1 Preferred Stock	\$ 4,000,000.00	\$_4,000,000.00
	Common Preferred		
	Convertible Securities (including warrants)		\$0.00
	Partnership Interests		\$0.00
	Other (Specify)	\$0.00_	\$0.00
	Total	\$4,000,000.00	\$ 4,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	2	\$ <u>2,000,000.00</u>
	Non-accredited Investors	n/a	\$ <u>n/a</u>
	Total (for filings under Rule 504 only)	n/a	\$n/a
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	m . 4	D .II. A
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A	n/a	\$n/a
	Rule 504	n/a	\$
	Total	n/a	\$n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	\boxtimes	\$10,000.00
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$0
	Total	\boxtimes	\$10,000.00

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		\$ <u>3,99</u> 0	0,000.00
Officers, l	Directors &		ents To hers
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	⊠ \$ <u>3,9</u> 9	90,000.00	
ff, the informat			
	2005		
•			
	Paym Officers, Aff S S S S S S S Under Rule 50: ff, the informat	Payments to Officers, Directors & Affiliates \$ 0	Payments to Officers, Directors & Payme Affiliates Oth